

(11) PURPOSE OF TRIP, REMARKS, AND DETAILS (Attach receipts/vouchers when required)			
Speak at Senate Health - Health Information Technology Hearing		ACCOUNTING OFFICE USE ONLY	
		CLAIMANT #	
		INVOICE DATE	
		INVOICE AMOUNT	
(12) PROJECT COST CENTER	(14) PRIVATE VEHICLE LICENSE NO.	(15) MILEAGE RATE CLAIMED	
(13) NORMAL WORK HOURS 800 to 1800		0.550	PAID BY REVOLVING FUND CHECK #
(16) I HEREBY CERTIFY that the above statement is a true statement of the travel expenses incurred by me in accordance with the State of California travel reimbursement policy and guidelines as adopted by the Administrative Office of the Courts.			
CLAIMANT'S SIGNATURE	DATE 4/9/09	(17) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE 4/9/09